

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 06/22/2005

MEDTRONIC VASCULAR, INC.
IP LEGAL DEPARTMENT
3576 UNOCAL PLACE
SANTA ROSA, CA 95403

09/26/2005 WABDELR3 00000028 012525 09710332

01 FC:1501 1400.00 DA
02 FC:8001 6.00 DA

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Kimberly Melvin

(Depositor's name)

Kimberly

(Signature)

September 20, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/710,332	11/09/2000	Joshua Makower	TRNSV-013BC	5067

TITLE OF INVENTION: METHODS AND APPARATUS FOR TRANSMYOCARDIAL DIRECT CORONARY REVASCULARIZATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional *YES NO* \$700 \$1400 \$0 \$700 \$1400 09/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ISABELLA, DAVID J	3738	128-898000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic Vascular, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Rosa, California USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies *two (2)*

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number *01-2525* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *Kimberly*

Date *September 20, 2005*

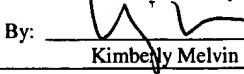
Typed or printed name *Michael J. Jaro*

Registration No. *34,472*

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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CERTIFICATE OF MAILING (37 C.F.R. § 1.8a)	
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By:	 Kimberly Melvin

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 09/710,332 Confirmation No.: 5067
Applicant : MAKOWER, Joshua
Filed : November 9, 2000
TC/A.U. : 3738
Examiner : ISABELLA, David
Docket No. : PA2002 CON1
Customer No. : 28390
Title : METHODS AND APPARATUS FOR TRANSMYOCARDIAL
DIRECT CORONARY REVASCULARIZATION

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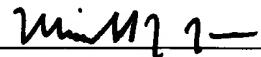
COMMUNICATION

Sir:

In response to the Notice of Allowance and payment of the Issue Fee, applicant hereby notifies the Commissioner for Patents that the entity status has changed from small to large entity.

The Commissioner is hereby authorized to charge any additional fees which may be required under 37 C.F.R. 1.17, or credit any overpayment, to Deposit Account No. 01-2525. If the Examiner feels that a telephone conference would in any way expedite the prosecution of the application, please do not hesitate to call the undersigned at telephone (707) 566-1746.

Respectfully submitted,


Michael J. Jaro
Registration No. 34,472
Attorney for Applicant

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